

HISTORY FACILITY PROFILE

WILLOW WOOD CARE CENTER PROVIDER #: 465074 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1205 EAST 4725 SOUTH PHONE NUMBER: (801) 262-2908 TOTAL: 79
 SALT LAKE CITY UT 84117 PARTICIPATION DATE: 05/16/1980 CERTIFIED: 79 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/03/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 79	
-----		-----		-----	
TOTAL:	73	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	7	SUSPENSION RESCINDED:	--	----	----
MEDICAID:	47			79	
OTHER:	19				

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
03/1999		05/2000		07/2001		10/03/2002			
		X	B			X	P	B	11/14/2002
				X	D				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
									REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
02/1999	04/2000	07/2001	10/03/2002		
X		X	X C	11/14/2002	K0018-CORRIDOR DOORS
	X	X			K0046-EMERGENCY LIGHTING
	X	X			K0050-FIRE DRILLS
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
	X		X C	11/14/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
X		X			K0064-PORTABLE FIRE EXTINGUISHERS
X					K0070-SPACE HEATERS
		X			K0072-FURNISHING AND DECORATIONS
			X C	11/14/2002	K0075-WASTEBASKETS
			X C	11/14/2002	K0104-PENETRATIONS OF SMOKE BARRIERS
X		X	X C	11/14/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
REQUIREMENT	1	1	1	0
HEALTH TOTAL	1	1	1	0
LIFE SAFETY CODE	6	6	3	4
LIFE SAFETY CODE + HEALTH	7	7	4	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
11/28/2001	SUBSTANTIATED
03/27/2002	SUBSTANTIATED
09/13/2002	UNSUBSTANTIATED
09/25/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
-----	-----
08/24/2001	COMPARATIVE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT